PHOTO RELEASE FORM CENTER FOR FORENSIC TRAINING AND EDUCATION

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I declare that: (1) I am of legal age and I have every right to contract in my own name, or my parent or legal guardian has signed below; (2) I have every right to grant CFTE the use of my photograph, video or likeness without violating other commitments; and (3) the appropriate releases and/or authorizations have been obtained from any and every person shown in any photographs or videos I provided to CFTE.

I hereby agree to hold CFTE. and its agents harmless from any past, present and future claims, actions, demands, liability, rights, damages or losses ("Claims"), that I, my beneficiaries, administrators, executors or assigns had, have now or may have in the future in connection with the Photographs or likeness and/or the Use, including without limitation, any actions for trademark or copyright infringement, violations of rights of publicity or privacy, or for blurring, distortion, alteration, optical illusion, or any use of the photographs or videos. I agree to hold CFTE and its agents harmless from any Claim by any third party arising out of any inaccuracy or breach of any representations and warranties herein.

I understand and agree: (1) that this Release is binding and (2) this Release constitutes an agreement between myself and CFTE and no waiver, modification or addition to this Release shall be valid unless in writing and signed by the parties.

I have read this Release or have had it read to me. I understand its contents and sign it voluntarily and of my own free will.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
Parent/Guardian Signature	 Date		
(If under 18 years old, Parent or Gua	ardian must also sigr	n.)	